MENTAL HEALTH AND DISABILITY SERVICES COMMISSION

December 7, 2017 - 9:30 am to 12:15 pm
Polk County River Place, Room 1
2309 Euclid Ave, Des Moines, Iowa
MEETING MINUTES

MHDS COMMISSION MEMBERS PRESENT:

Thomas Bouska	Betty King (phone)
Pete Brantner	Sharon Lambert (phone)
Dennis Bush	Geoffrey Lauer (phone)
Thomas Broeker	Brett McLain
Jody Eaton	Rebecca Peterson
Marsha Edgington	Rebecca Schmitz
Kathryn Johnson	Jennifer Sheehan

MHDS COMMISSION MEMBERS ABSENT:

John Parmeter	Representative David Heaton
Marilyn Seemann	Representative Lisa Heddens
Senator Mark Costello	Senator Liz Mathis

OTHER ATTENDEES:

Theresa Armstrong	MHDS, Bureau Chief Community Services & Planning
Rebecca Bax	Iowa DD Council
Kris Bell	Iowa Senate Democrats Caucus Staff
Jess Benson	Legislative Services Agency
Teresa Bomhoff	Mental Health Planning and Advisory Council/NAMI Greater DSM
Kim Callaher	Plains Mental Health Center (phone)
Jim Donoghue	Department of Education
Zeke Furlong	Legislative Services Agency
Christie Gerken	IAMHR
Gayla Harkin	IACP (phone)
John Hedgecoth	Amerigroup
Charlene Joens	Disability Rights Iowa
Linda Kellen	Department of Inspections and Appeals
Julie Maas	MHDS, Community Services & Planning
John McCalley	Amerigroup
Ellen Ritter	Heart of Iowa MHDS Region
Flora Schmidt	IBHA
John Stoebe	University of Iowa Hospital and Clinics
Cynthia Stiedl Bishop	Eyerly Ball Community Mental Health Center
Kelsey Thien	Legislative Services Agency
Richard Whittaker	Vera French Mental Health Center (phone)

Welcome and Call to Order

Marsha Edgington called the meeting to order at 9:35 am and led introductions. Quorum was established with eleven members present and three participating by phone. No conflicts of interest were identified.

Approval of Minutes
Tom Bouska made a motion to approve the October 19, 2017 meeting minutes as presented. Rebecca Schmitz seconded the motion. The motion passed unanimously.

Review of Commission's Annual Report
Marsha Edgington led the review of the Commission's Annual Report. Commission members worked through the overview of the Commission's activities suggesting edits.

Sharon Lambert made a motion to add a priority to the report to say "the Commission recommends the legislature form a workgroup to discuss standardized procedures regarding the segregation and isolation of individuals with mental health, brain injury and other disabilities in all 97 county jails" Brett McLain seconded the motion.

The Commission discussed adding the priority to the report. Commission members expressed concern about not having enough time to have a well thought out develop argument for the priority. There was discussion about including the priority in next year's report and the suggestion to have more presentations throughout the year on the topic. There was discussion on who would be responsible for developing the standardized procedures. Sharon said that she would like to see a workgroup formed to develop the procedures. Sharon said that the Commission could recommend the legislature forming a workgroup and the Commission could have a workgroup. There was concern expressed about staying within the Commission's scope. Theresa Armstrong said that the Commission could form their own workgroup and it is within the Commission's purview to make recommendations to the legislature regarding system changes for individuals with mental health and disabilities. Tom Bouska suggested forming a committee to look into the topic and possibly doing an amendment to the current annual report.

Sharon Lambert amended her previous motion to say the Commission will begin researching in January the topic of developing standard operating procedures for all 99 county jails regarding the isolation and segregation of individuals with mental health, brain injury and other disabilities for a possible amendment to the report. Tom Bouska seconded the motion. Geoff Lauer called the question. Jennifer Sheehan seconded. The motion passed unanimously.

The Commission recommended adding a Priority 2.3 to read "Assure continued efforts to provide choice of membership to managed care organizations." The supporting information includes: one managed care organization withdrew from Iowa, one MCO was at capacity and not accepting new members, and the state stepped in to take members from Amerihealth.

The Commission recommended adding a Priority 2.4 to read "The impact of waiving the 90 day retroactive coverage should be gathered and the decision to waive retroactive coverage revisited." The supporting information includes: the negative impact on thousands of Iowans, access to long term services and supports for individuals with disabilities will be reduced, and the cost of care for individuals who are in the process of

determining Medicaid eligibility will shift to the provider with no way for the provider to recover payment.
The Commission recommended adding a bullet to Priority 4 that reads “Direct care wages are not competitive”.

Tom Bouska made a motion to approve the MHDS Commission annual report with the amendments listed above. Tom Broeker seconded the motion. The motion passed unanimously.

DHS/MHDS Report
Rick Shults said the complex needs work group has a subcommittee meeting on December 8 to work on their report which won’t be finalized until it goes through the entire workgroup. The report is due on December 15, 2017. Rick said the workgroup has five recommendations which are expanding Assertive Community Treatment (ACT) from the current eight teams to 22 throughout the state, the development of intensive residential service homes which are like habilitation homes but have intensive services and the individuals can be eligible for ACT at the same time and are no eject no reject, developing access centers strategically located across the state, and developing tertiary care hospitals two of which will be Independence and Cherokee.

Rebecca Peterson asked if individual providers or MCOs provide ACT. Rick said that individual providers develop and provide the service and MCOs pay for the service. Rick said that regions have been providing start-up funds for ACT until the team is able to bill Medicaid. Rick said the report is looking at a way to formalize a partnership between the regions and MCOs.

Theresa presented a summary document on the regional community service plans and said the regions’ plans had very similar items as the report the state workgroup is working on. Theresa said the plans also included the outcomes which the regions will start collecting data on between November 1, 2017 and October 31, 2018.

Theresa gave an update on the MHDS Regions. Theresa said there were four counties in the western side of CSS region that took action to move away from the region but have withdrawn that and are looking at options within the region. In Sioux Rivers, Woodbury took county action to withdraw and have been talking to Rolling Hills Region. Sioux and Plymouth want to remain as a region and are talking to other counties who may be interested in joining them as well as talking with other regions. Theresa said that Greene County has taken board action to withdrawn from their region and have requested to join CICS Region. Jody Eaton said reviewing their request is on the December meeting agenda for the CICS Region.

Rick Shults said the Children’s Mental Health and Well-being Advisory Committee is having their next meeting in January and will be looking at the role of their group and what the membership should look like since they do not have a report due this year.

Theresa Armstrong said that the new Medicaid Director Mike Randall started this week and he comes from Kansas.

Kathy Johnson said there have been major changes with the MCOs and asked how the first week has gone with the transfer of Amerihealth’s members to United Health Care.

Rick Shults said that he has not been involved in all the conversations but can give an example of transitions of case management from DHS to United. Rick said that everyone is working hard and doing very detailed warm handoffs which have been going well.

Kathy Johnson said that members and staff were prepared for the change and clients anticipated a seamless transfer. Kathy said they learned today that United is not enrolling any per member per month individuals transferring from Amerihealth and specifically not enrolling any integrated health home clients which is not a seamless transfer. Rick thanked Kathy for the information and he would take that back with him.

Rebecca Peterson asked if Rick could address the RFP for a new managed care organization. Rick said that they are in the procurement process and that is all he can say.

Jennifer Sheehan asked if the individuals going to fee for serve will had a DHS case manager. Rick said some are remaining with their current case manager but DHS case managed is available when that's not possible.

Update from Prairie Ridge Integrated Behavioral Healthcare

Jay Hansen and Lorrie Young from Prairie Ridge thanked the Commission for inviting them to present to the Commission and for their support in the transition to becoming a community mental health center (CMHC). Jay said the transition to becoming a CMHC aligns with their transition into an integrated health model which they believe is a stronger model of care. Jay said that there have been challenges since they become a CMHC in July and if they knew in July what they know now they may not have made the same decision but they believe in what they are doing. Jay said that he would like to open it up to the Commission for questions.

Kathy Johnson asked what their biggest challenges have been. Lorrie said that the easiest transition was adding mental health therapy as a stand-alone service and the biggest challenges fall into three areas: finding prescribers in a rural area, understanding the mental health committal process since it is very different from the substance use disorder process, and being recertified with the MCOs and Medicare. John said that they have been a financially strong agency but they haven't been as strong due to billing being behind but they will catch back up. John said that he is very proud of their agency and their staff and what they have accomplished in the last 6 months.

Jennifer Sheehan asked about the transition to providing peer support and other psychosocial services. Lorrie said that Wellsource did not have an active peer support program outside their IHH. Lorrie said that they do provide pediatric services in outpatient and minimal child services since YSS is a strong children's provider in their area and has an office on their property. Lorrie said that YSS had agreed to pick up the pediatric services and they feel that YSS is able to better serve children.

Kathy Johnson asked where community based services are at on the planning schedule. Lorrie said that is an area they know have to build and approve. Lorrie said their new building has a wellness center.

Kathy Johnson thanked John and Lorrie for accepting the challenge of becoming a CMHC as there a lot of people in that community who need their assistance. Kathy said it's important to remember why it was a gap in the first place and the impact of less funding from regions, lack of timely payments and losing workforce to the MCOs has an impact on providers.

John said that Wellsource had a million dollar deficit and Prairie Ridge knows how to operate differently to avoid falling into the same financial hardship as Wellsource.

Presentation on community mental health centers (CMHCs) in Iowa
Laura Larkin introduced herself and thanked the Commission for having her present on CMHCs in Iowa. Laura said that there is no federal definition of a CMHC and it is left to each state to define CMHC. Laura said that although there isn't a federal definition there are conditions of participation to be able to bill Medicare for services and the Department of Inspections and Appeals manages that licensure. Laura said the currently Iowa does not have any CMHCs licensed. Laura said that IAC 441- Ch. 24 defines a CMHC as any organization providing mental health services as defined by IC 225C and 230A.

Laura said that IC Chapter 230A lays out specific services CMHCs are required to provide to their organized catchment area. Laura said that each CMHC has a catchment area and some have one location and some have multiple offices to serve their catchment area.

Laura said that CMHCs in Iowa were started through Federal laws passed in 1963 that were part of the move of de-institutionalization and promotion of community based services. Laura said that in 1982 the Mental Health Block Grant replaced federal funds that went straight to the CMHCs. Iowa law requires that the Department distributes 70% of the block grant funds go to CMHCs.

In 2011, IC 230A was updated and it was a lengthy process that included workgroups with providers and state staff to rewrite the chapter. This update laid out requirements for CMHCs and what makes them different than other mental health providers. Laura said the chapter lays out the target population, catchment area requirements, and core services criteria. IC 230A also lays out the requirements for the Department in designating CMHCs. The Department is to designate one CMHC per catchment area but does not lay out specifics for defining catchment areas in terms of population or number of counties. Catchment areas are to be limited to one CMHC unless there are exceptional circumstances for designating more than one CMHC. Laura said the target population for CMHCs must serve includes: Individuals of any age who are experiencing a mental health crisis, individuals of any age who have a mental health disorder, adults who have a serious mental illness or chronic mental illness, children and youth who are experiencing a serious emotional disturbance, and any of the above who have a co-occurring disorder, including but not limited to substance abuse, intellectual disability, a developmental disability, brain injury, autism spectrum disorder, or another disability or special health care need.

In addition to the target population IC 230A lays out specific core services the CMHC must provide. These services are outpatient services; twenty-four hour emergency services; day treatment, partial hospitalization, or psychosocial rehabilitation services; admission screening for voluntary patients; community support services; Consultation services; and education services.

Jody Eaton asked if there is a monitoring system in place to ensure CMHCS are providing all of the required services. Laura said that is takes place through the accreditation process but it is not as detailed as it is in IC 230A.

Laura said there are 25 CMHCs covering 88 counties in Iowa. That leaves 11 counties without CMHCs but there are other mental health providers in those counties. Laura said that of the 25 CMHCs 13 are also licensed substance use disorder outpatient treatment providers and one is also a federally qualified health center.

Laura said the Department reviewed 230A regarding the designation process requirements for if an agency wants to become a CMHC or if a current CMHC wants to expand into another area. The Department would need to know who the provider services and what services they provide. What is the provider's capacity to serve the target population and provide the core services. The Department would need to know what exceptional circumstances exist to justify more than one CMHC in that area and the provider would need to be Chapter 24 accredited.

Laura said that another thing that sets CMHCs apart is they receive a higher reimbursement rate and have the option under fee for service to submit a cost report and be paid at a cost based rate or take the alternative reimbursement rate which is a fee schedule from Medicaid. The MCOs use the floor alternative reimbursement rate to negotiate with CMHCs.

Rebecca Peterson asked if DHS is getting a lot of requests to be a CMHC because of the higher rate. Laura said they have received some requests and the rate is a part of it. Laura said seven CMHCs are cost settling methodology which is laid out each year in appropriations.

Jim Donoghue asked if the CMHCs are contracted with DHS. Laura said the contracted term is not accurate. Laura said CMHCs are not contracted directly with DHS but have an agreement with DHS to receive the MH Block Grant.

Kathy Johnson asked if DHS was approached by a provider to become a CMHC would the existing CMHCs be a part of the discussion. Laura said that part of the designation process is to gather input from existing provider groups including CMHCs and MHDS Regions. Jody Eaton said that is good to hear as regions do block grants with CMHCs to provide crisis services and it would be important to have regional input if the state is thinking about designating an additional CMHC in an area.

Planning for Future Meetings
The Commission did not have any requests for presentations for future meetings.

New Business
Jody Eaton requested that an agenda item be added to the January meeting regarding a committee to discuss a priority related to county jails as discussed in the meeting.

Public Comment
Cynthia Stydl Bishop thanked Laura for the CMHC presentation and encouraged the state to hold CMHCs to a higher standard than other providers because they are important. Cynthia said if other providers want to become CMHCs they need to be able to meet the needs of the community.

John Hedgecock from Amerigroup introduced himself and said he will be attending future Commission meetings to ensure they can positively interface with Commission recommendations and regional plans.

The meeting adjourned at 12:15pm

Minutes respectfully submitted by Julie Maas.